

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9143
Registrar's No. 2626

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Melicent M. Becker

3. (b) If veteran, name war None 3. (c) Social Security No. 40-01-7175

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 8th 1916
(Month) (Day) (Year)

8. AGE: Years 23 Months 4 Days 10 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Rubicam Business College

12. Name Otto L. Becker

13. Birthplace Booneville Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Louise Staehle

16. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Otto L. Becker

(b) Address 5152 Palm St.

17. (a) Cremation (b) Date thereof 3-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) MAR 20 1940 (b) J. B. Becker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5152 Palm St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1940 hour 11:30 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan. 20
1940, to March 18, 1940:

that I last saw her alive on March 18, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute monocytic leukemia - lymphatic

Due to not known

Due to _____

Other conditions _____

(Include pregnancy within months of death)

Major findings: Of operations _____

Of autopsy Acute monocytic leukemia - lymphatic

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Clarence J. Drennon (M. D. or other) _____

Address 1927 1/2 N. Main Date signed 3/19/40

Dr. Clarence Drum

1927 H Union

10-12-26

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No..... 3024

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.